



LICENSED NON-PHYSICIAN APPLICATION CHECKLIST

ARNP
Audiologist
Clinical Social Worker
Dietetics/Nutritionist
Marriage & Family Therapist
Mental Health Counselor
Nutrition Counselor

Occupational Therapist
Occupational Therapy Asst
Optometrist
Physical Therapist
Physical Therapy Asst
Physician Assistant
Provisional SLP

Psychologist
Registered Nurse
Respiratory Therapist
School Psychologist
Speech Language Pathologist
SLP Assistant

The time required to process a complete CMS provider application is now less than (30) days. To assist in the timely processing of your application, we have provided the following checklist of documents necessary to complete your application for review.

Before you begin your online application at www.cmskidsproviders.com, be prepared to mail, email or fax the following required documents:

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- ☐ Copy of **Form W9(s)** for each pay to/remit practice affiliation (solo/group/hospital) to ensure accurate claims payment.
 - ☐ Copy of current **Curriculum Vitae** documenting previous five (5) year work/educational history in a month/year timeline, *with explanation of any gaps longer than 90 days in employment.*
 - ☐ Copy of any **Specialty Certifications** (ARNP & PA only)
 - ☐ Summary of professional liability claim(s) pending or filed against you within the past five (5) years. Provide detailed information as indicated on the **Professional Liability Claim Form**, if applicable.
 - ☐ Summary of **Medicaid and Medicare sanctions** within the past five (5) years.
 - ☐ **Level II Security Background** investigation pursuant to Florida Statute Chapter 435 standards completed within the past 12 months (*Early Steps Only*)
 - ☐ Copy of **Practice Protocols** established and signed by both the CMS approved supervising physician and the applicant (ARNP & PA only)
 - ☐ Audiologists are required to have **special evaluation experience** – see *Licensed Non-Physician Provider Handbook* for details.

Please be aware that there are additional required documents to participate in CMS specialty programs – Child Protection Teams and Early Steps. Refer to the Licensed Non-Physician Provider Handbook for more details.

Please submit your documentation only once and by one of the following methods:

MAIL

Children's Medical Services
4052 Bald Cypress Way, Bin A06
Tallahassee, FL 32399-1707
ATTN: Provider Management

EMAIL

cmsproviderhelp@doh.state.fl.us

FAX

(850) 487-1279

You will be notified of receipt of application documentation by the Provider Management team within (7-10) business days of receipt. If the application is incomplete, you will be requested to submit the required documentation within (21) days. Failure to achieve a complete application within the thirty (30) day time frame may result in the application process being stopped or dismissed.

Under special circumstances, a provider's application may undergo additional review by the Physician Review Committee (PRC), which may delay CMS participation determination.

You will be notified in writing within fifteen (15) days of CMS participation determination.

For questions or additional instruction, contact your local Provider Relations Liaison or the Children's Medical Services Provider Management Helpdesk by telephone (850) 245-4215 or email cmsproviderhelp@doh.state.fl.us

Refer to the *Licensed Non-Physician Provider Handbook* at www.cms-kids.com for more detailed information on the application process.